

Abstract 478

TITLE: Using a Quality of Life Measure to Capture Areas of Unmet Need Among HIV-Positive and HIV-Negative Women

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BACKGROUND: Research related to women and HIV continues to lack an examination of women's health related quality of life (HRQOL). This paper will describe the HRQOL among a group of HIV-positive and HIV-negative women living in a large urban area.

METHODS: We interviewed 510 women living in a large urban area. The majority of the HIV+ women (n = 273) were recruited from an outpatient HIV/AIDS clinic, and a socio-demographically similar group of HIV- women (n = 237) were recruited from an outpatient GYN clinic, a drug treatment center, a women's homeless shelter and a Healthy Start site. The interview consisted of qualitative and quantitative components. Quantitative responses were analyzed to gain a better understanding of the relationship between HIV status, sociodemographics and HRQOL. HRQOL was measured using the Medical Outcomes Study-HIV version (MOS-HIV).

RESULTS: The MOS-HIV measures 10 components of HRQOL: Physical functioning, cognitive functioning, role functioning, social functioning, energy/fatigue, mental health, bodily pain, health distress, overall health, and quality of life. For each subscale, responses are computed on a 0-100 score, with a higher score indicates a better HRQOL. Overall, HIV+ women were found to have significantly lower scores on all components of HRQOL, except for mental health. For example, HIV- women had a higher reported level of quality of life (HIV- mean = 71.22; HIV+ mean = 62.88; $F = 14.54$; $p < .01$) as well as a higher level of physical functioning (HIV- mean = 76.77; HIV+ mean = 53.89; $F = 56.23$; $p < .01$). Associations between the HRQOL scales and selected sociodemographic variables were also examined. For example, current drug use was significantly related to poorer levels of HRQOL on all of the functioning and well-being components. A lower level of HRQOL was also found among those women who were currently involved in an abusive relationship. Among the HIV-positive women, a higher reported viral load was significantly related to a decreased level of energy, lower overall health and a lower reported level of quality of life. Women's responses to individual items and areas of unmet need are discussed. Implications of our findings will be discussed as well as how our study's sample scores compare to those found previously with HIV+ and community samples.

CONCLUSION: There is now growing evidence that HRQOL constitutes an important area of research among women living with and at risk for HIV. Examination into the domain of HRQOL among women can aid in the comparison of how women are affected by HIV, and knowing the effects of the disease on women's quality of life can help health care professionals identify interventions that can be tailored to women's needs.

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